12053	THE ALBUM DAY MANAGED TO	12044
MEDICAL EXAMINER'S CE	RTIFICATE OF DEATH	Reg. Dist.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Kent MARYLAND	STATE Maryland COUNTY Kent	
CITY (If outside corporate limits, write RURAL OR and give nearest town)  TOWN  Chestertown  LENGTH OF STA (in this place)	CITY (If outside corporate limits write RURAL and OR TOWN Rock Hall	d give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent & Queen Anne Hosp.	STREET (If rural, give location) ADDRESS in back of cannery	1
3. NAME OF (First) (Middle) DECEASED: (Type or Print) George Rudolph	CLast)  14. DATE (Month) (Day OF DEATH 12/20/55	(Year)
S. SEX:    6. COLOR OR   7. SINGLE, MARRIED,   8. DA	TE OF BIRTH: 9. AGE last birthday: F UNDER IV. Months B	AND HEAR OF WILA
work done during most of work life, even if retired):  NDUSTRY:  NONE  INDUSTRY:	Kont Co Ma	COUNTRY? USA
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Copeland Barrett	Mary Cook	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of Service)  16. SOCIAL SECURITY NO.:	Mary Cook Back of ca	nnery
18. MED	ICAL CERTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:  Immediate cause  (a) Malnutrit  **TOTAL PROPERTY OF THE	ion acute lobular pneumonia	Onset and Deate
Antecedent cause(s)  Diseases or conditions, if any, giving rise to the above cause DUE TO	//ph/hh/hh/ha  The Mar   dellar   shirt   shirt	hulznery
stating underlying cause last (c)  II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	DORT GOAT THAN THE THAT HE WILL !!	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	iation	
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION		20. AUTOPSY? Yes No
21a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING OF Street, office bldg., e CAUSE OF DEATH.	etc.,	(State)
21d. TIME (Month) (Day) (Year) (Hour)   21e. INJURY OCCURRED OF   While at Not while   Not work □ at work □		
22. I hereby certify that I took charge of the remains desc find that death resulted from: Natural causes [], Ac SIGNATURE   Robert W. F	cident □, Suicide □, Homicide □, Undeter	
REMOVAL (Specify):   I2/24 / I955 Janes Cer	II. (COI.)   CHESCEP COWIL	ounty) (State)
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	J. Willis Wells - Chester	town, Md.
1085162406		

DEC 38 1822

BUREAU V. S.

	y. The	12058 CERTIFICATE OF DEATH Reg. Dist	. No. 202.
	information carefully clearly and legibly.	1. PLACE OF DEATH:  COUNTY   Photo   MARYLAND   STATE   COUNTY    CITY (If outside corporate limits, write RURAL   LENGTH OF STAY   OR and give pearest town)   (in this place)    TOWN   CITY (If outside corporate limits, write RURAL   CITY (If outside corporate limits, write RURAL   OR   TOWN   CITY (If outside corporate limits, write RURAL   OR   TOWN   CITY (If outside corporate limits, write RURAL   OR   TOWN   CITY (If outside corporate limits, write RURAL   OR   TOWN   CITY (If outside corporate limits, write RURAL   OR   TOWN   CITY (If outside corporate limits, write RURAL   OR   TOWN   CITY (If outside corporate limits, write RURAL   OR   TOWN   CITY (If outside corporate limits, write RURAL   OR   TOWN   CITY (If outside corporate limits, write RURAL   OR   TOWN   CITY (If outside corporate limits, write RURAL   OR   TOWN   CITY (If outside corporate limits, write RURAL   OR   TOWN   CITY (If outside corporate limits, write RURAL   OR   TOWN   CITY (If outside corporate limits, write RURAL   OR   TOWN   CITY (If outside corporate limits, write RURAL   OR   TOWN   CITY (If outside corporate limits, write RURAL   OR   TOWN   CITY (If outside corporate limits, write RURAL   OR   TOWN   CITY (If outside corporate limits, write RURAL   OR   TOWN   CITY (If outside corporate limits, write RURAL   OR   TOWN   CITY (If outside corporate limits, write RURAL   OR   TOWN   CITY (If outside corporate limits, write RURAL   OR   TOWN   CITY (If outside corporate limits, write RURAL   OR   TOWN   CITY (If outside corporate limits, write RURAL   OR   TOWN   CITY (If outside corporate limits, write RURAL   OR   TOWN   CITY (If outside corporate limits, write RURAL   OR   TOWN   CITY (If outside corporate limits, write RURAL   OR   TOWN   CITY (If outside corporate limits, write RURAL   OR   TOWN   CITY (If outside corporate limits, write RURAL   OR   TOWN   CITY (If outside corporate limits, write RURAL   OR   TOWN   CITY (If outside corporate limits, write RURAL   OR   TOWN   CITY (If outside corporate limits, write R	and give nearest town
FOR BINDING	IK. Supply every item of write the causes of death	DECEASED: (Type or Print)  5. SEX:  6. COLOR OR 7. SINGLE, MARRIED,  8. DATE OF BIRTH:  9. AGE last birthday IF UNDER 1.	Days Hours   Min.
MARGIN RESERVEDU	LY, WITH UNFADING ortant. Physicians: plea	18. MEDICAL CERTIFICATION  I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  33   MMEDIATE CAUSE (A)	INTERVAL BETWEE ONSET AND DEAT
VS. A15 — 10 - 53	PLEASE TYPE OR WRITE PLAIN. correct age is especially imp	19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION  21a. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, farm, factory) 21c. WHERE DID (City or town) OF CONTRIBUTING   CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR?  (IF EITHER. NOTIFY MEDICAL EXAMINER)  21b. TIME (Month) (Day) (Year) (Hour) 21c INJURY OCCURRED While at work at work at work 1 at work 21c. WHERE DID (City or town) (Countries) 1 injury occur?  While Not while at work 1 to the countries of the	t saw the decease stated above. TE SIGNED
		Dec. 17,1905 Clara S. Darnes, James 120 oshilly to	aslon, inc

Dr Kester

BUREAU V. S.

DEC SI IDEE

DECENSED

#### 12054 CERTIFICATE OF DEATH

1. PLACE OF DEATH			2. USUAL RE	SIDENCE (HO			No. 210=
COUNTY Kent		ARYLAND		aryland	COUNTY	Ken	
CITY (If outside corporete limits, write OR and give nearest town)	RURAL	NGTH OF STAY (in this place)	OR	ide corporate limits, w		nd give nearest	town)
HOSPITAL OR	vb	II Days	TOWN	Chester			3
12 STREET ADDRESS Kent &	ueen Anne	Co. Hosp	STREET ADDRESS	Broad I	(If rural giv	(Rura	1) /
3. NAME OF (First) DECEASED (Type or Print) S. Rarl	(Middle	a)	Black	4. D O D			(Yee) (Yee) (955 19
5. SEX 6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCE	D, 8. DATE	OF BIRTH	9. AGE fas	t birthday	IF UNDER 1 Y	
male  colored	(Specify) Widov	wed 3/18	5/1884	71	yrs.		
10e. USUAL OCCUPATION (Give kind of we done during most of working life, ever retired)  Laborer		STRY	11. BIRTHPLACE (State		d		CITIZEN OF WHA COUNTRY? USA
13. FATHER'S NAME			14. MOTHER'S				
Perry B.	lack		Han	na Bowse	r		
15. WAS DECEASED EVER IN U. S. ARMED		CIAL SECURITY NO.		ANT & ADDRESS	628 B	okon S	St. 7
no		-28-4489 8. MEDICAL CE		Black	Balti	aker S more -	INTERVAL BETW
A a k of	Intraci	ranial he	wa	It males		310	7
DISEASES OR CONDITIONS, IF ANY,	(A)		morrnage	(Scroke)		110	days
ANTECEDENT CAUSE(S)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  II OTHER SIGNIFICANT CONDITIONS CONT TO THE DEATH BUT NOT RELATED TO TH	UE TO  (B)  UE TO  (C)  IRIBUTING		morrnage(	(Scroke)		10	days
ANTECEDENT CAUSE(S)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  II OTHER SIGNIFICANT CONDITIONS CONT TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEAT	UE TO  (B)  UE TO  (C)  IRIBUTING		morrnage(	(Scroke)		10	20. AUTOPS
ANTECEDENT CAUSE(S)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  II OTHER SIGNIFICANT CONDITIONS CONT TO THE DEATH BUT NOT RELATED TO TH DISEASE OR CONDITION CAUSING DEAT  19a, DATE OF OPERATION  21e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	(A)	PERATION	21c. WHERE DID INJUR		lown)	(County)	
ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  II OTHER SIGNIFICANT CONDITIONS CONT TO THE DEATH BUT NOT RELATED TO TH DISEASE OR CONDITION CAUSING DEAT  198. DATE OF OPERATION  198. CACIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	(A) UE TO (B) UE TO (C) (C) (RIBUTING IE (H.  MAJOR FINDINGS OF O)  21b. PLACE (Home, farm OF INJURY street, office 8	PERATION		Y OCCUR? (City or	lown)		20. AUTOPS YES NO
ANTECEDENT CAUSE(S)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  II OTHER SIGNIFICANT CONDITIONS CONT TO THE DEATH BUT NOT RELATED TO TH DISEASE OR CONDITION CAUSING DEAT  19a. DATE OF OPERATION  21e. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. TIME OF INJURY (Month) (Doy) (1)	(A)  UE TO  (B)  UE TO  (C)  IRIBUTING  IE  H.  MAJOR FINDINGS OF OR  21b. PLACE (Home, farm  OF INJURY street, office &  White  AM.  AM.  White  at work	PERATION  n, fectory, oldg., etc.)  RY OCCURRED Not while of work	21c. WHERE DID INJUR	Y OCCUR? (City or		(Counly)	20. AUTOPS YES NO (State)
ANTECEDENT CAUSE(S)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  II OTHER SIGNIFICANT CONDITIONS CONT TO THE DEATH BUT NOT RELATED TO TH DISEASE OR CONDITION CAUSING DEAT  19a, DATE OF OPERATION  21e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. TIME OF INJURY (Month) (Doy) (1)  22. I hereby certify that I atte alive on	UE TO  (8)  UE TO  (C)  TRIBUTING  IE  H.  MAJOR FINDINGS OF OR  21b. PLACE (Home, farm OF INJURY street, office to the deceased to the deceas	PERATION  In, fectory, bidg., etc.)  RY OCCURRED Not white et work  from 12/9	21c. WHERE DID INJUR 21f. HOW DID INJUR, 19.55, to	Y OCCUR? (City or Y OCCUR?  12/19  The causes and ADDRESS (St.	, 1955 d on the creet, city, low	(County)	20. AUTOPS YES NO (State)
ANTECEDENT CAUSE(S)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  II OTHER SIGNIFICANT CONDITIONS CONT TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEAT 19a. DATE OF OPERATION 19b.  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. TIME OF INJURY (Month) (Doy) (Note of the contribution of the contribut	UE TO (8) UE TO (8) UE TO (C) IRIBUTING IE H MAJOR FINDINGS OF OI  21b. PLACE (Home, farm OF INJURY street, office 8 Yeer) (Hour) M. at work ended the deceased	PERATION  n, fectory, oldg., etc.)  RY OCCURRED Not while et work from 12/9 death occurred a	21c. WHERE DID INJUR 21l. HOW DID INJUR 19.55., to	Y OCCUR? (City or Y OCCUR?  12/19  The causes and ADDRESS (State of the court)	, 1955 d on the c	(County)	20. AUTOPS YES NO (State) st saw the decabove. DATE SI
ANTECEDENT CAUSE(S)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  II OTHER SIGNIFICANT CONDITIONS CONT TO THE DEATH BUT NOT RELATED TO TH DISEASE OR CONDITION CAUSING DEAT  198. DATE OF OPERATION  216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. TIME OF INJURY (Month) (Doy) (1)  22. I hereby certify that I atte alive on	UE TO (8) UE TO (C) (RIBUTING IE (H. MAJOR FINDINGS OF OI  21b. PLACE (Home, farm OF INJURY street, office to White at work  ended the deceased	peration  n, fectory, oldg., etc.)  RY OCCURRED Not while et work  from 2/9  death occurred a  M.D.  ME OF CEMETERY O	21c. WHERE DID INJUR 21f. HOW DID INJUR 19.55., to	Y OCCUR? (City or Y OCCUR?  , 12/19  The causes and ADDRESS (Str.)  Gertown,	d on the coet, city, low	(County)	20. AUTOPS YES NO (State)  st saw the decabove.  DATE SI 12/20/
ANTECEDENT CAUSE(S)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  11 OTHER SIGNIFICANT CONDITIONS CONT TO THE DEATH BUT NOT RELATED TO TH DISEASE OR CONDITION CAUSING DEAT  198. DATE OF OPERATION  216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. TIME OF INJURY (Month) (Dey) (1)  22. I hereby certify that I atte alive on 19  SIGNATURE RODE TT  23. BURIAL, CREMATION, REMOVAL (SPECIFY)  BURIAL	UE TO (8) UE TO (8) UE TO (C) IRIBUTING IE H MAJOR FINDINGS OF OI  21b. PLACE (Home, farm OF INJURY street, office 8 Yeer) (Hour) M. at work ended the deceased	PERATION  n, fectory, oldg., etc.)  RY OCCURRED Not while et work from 12/9 death occurred a	21c. WHERE DID INJUR  21f. HOW DID INJUR  19.55., to  1.4. A.M., from  Chest  R CREMATORY  Ck (col.)	Y OCCUR? (City or Y OCCUR?  12/19  The causes and ADDRESS (Street OWN, LOCATIO	d on the cet, city, low	(County)	20. AUTOPS YES NO (State)  st saw the decabove.  DATE SI 12/20/ (State)

STATE OF BEAT OF BARRADE OF BEATH-BALVELING IN

# IRRESTERVING AT A DEATH

#### ND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12047 Reg. Dist.

MAR	ILAND	STATE	DEPARTMEN	TOF	HEALTH-	-BALTIN	AURE,	18	
									الق

MEDICAL EXAMINER S CER	TIFICATE OF DEATH	No.2100
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
county Kent MARYLAND	STATE Maryland county Kent.	
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) TOWN Chestertown Several Year	CITY (If outside corporate limits write RURAL and OR TOWN Chestertown	give nearest town)
HOSPITAL OR INSTITUTION OR 2IO Lynchburg St.	STREET (If rural, give location) ADDRESS	1
3. NAME OF (First) (Middle) DECEASED: (Type or Print) Alexander	(Last) 4. DATE (Month) (Day) OF DEATH Dec. 30, I	
5. SEX: 6. COLOR OR RACE: WIDOWED DIVORCED, 8. DATE (Specify): DIVORCED	OF BIRTII: 9. AGE last birthday: IF UNDER I YE 52 yrs. Months Day	
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):  10b. KIND OF BUSINESS OF INDUSTRY:    INDUSTRY:   Farm		COUNTRY?
13. FATHER'S NAME:  UNDERSON Nicholas Cann	Annie Grooms Darit Jarow	
15. Was Deceased Ever In U.S. Armed Forces? (Yes, no, or unk.) (If Yes, give war or dates of service) 16. Social Security No.: 220-I2-2I48	17. INFORMANT & ADDRESS: 2IO Lynch! Mattie Grooms Chesterton	ourg St.
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:  Immediate cause  (a) Unlinew / March 1997  DUE TO	AL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
Antecedent cause(s)  Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (c)	y Chrom Cozis	12-Lours
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY? Yes   No X
21a. EXTERNAL CAUSE WAS PRIMARY [] or CONTRIBUTING [] CAUSE OF DEATH.  21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY		(State)
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while INJURY UNITED M. Work ☐ at work ☐	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I took charge of the remains described find that death resulted from: Natural causes A, Accid SIGNATURE	ent [], Suicide [], Homicide [], Undétèri CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM.	mined cause DATE SIGNED
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETER REMOVAL (Specify): Jan. 2, 1956 Worton	Point Worton, Marylan	ıd
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	J. Willis Wells - Chestert	ADDRESS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

DECEDAED

BUREAU V. S.

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTII

12048 Reg. Dist. No.

	ERTI	FICA	TE C	OF D	EAT	
12059						

male colored (Specily) Married Jane? 1881 74 yrs. Months Days Hours (Specily) Married Jane? 1881 74 yrs. Months Days Hours (Specily) Married Jane? 1881 74 yrs. Months Days Hours Days Hour	24 HRS Min.
CITY (If outside corporate limits, write RURAL and give nearest town)  or end give nearest town)  X TOWN ROCK Hall  HOSPITAL OR INSTITUTION OR in back of Cannery  STREET ADDRESS  3. NAME OF DECABED (Type or Print)  5. SEX  COLOR OR RACE COLOR OR RACE COLOR OR RACE COLOR OR RACE COLOR OR STREET ADDRESS  COLOR OR RACE COLOR OR ROCK HALL SIRET TABLE  10. BIRTHPLACE (State or foreign country) CONNUSTRY VARIOUS  11. BIRTHPLACE (State or foreign country) COUNTRY? USA  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME UNKNOWN  15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yest, no, or unk.) (If Yas, give war or datas of service) COLOR OR ROCK HALL SIRET ADDRESS  11. BIRTHPLACE (State or foreign country) COUNTRY? USA  14. MOTHER'S MAIDEN NAME UNKNOWN  15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yest, no, or unk.) (If Yas, give war or datas of service) COLOR OR ROCK HALL ADDRESS  IN DACK HALL CETTIFICATION  NITERYAL BEI ONSET AND ONSET	24 HRS Min.
HOSPITAL OR INSTITUTION OR IN back of Cannery  STREET ADDRESS IN back of Cannery  (Lest)  4. Date (Month) (Dey) (Y. Death 12/5/55 19)  5. SEX 6. COLOR OR RACE (WIDOWED, DIVORCED, WIDOWED, DIVORCED, WIDOWED, DIVORCED, WIDOWED, DIVORCED, Toler of Colored (Specify) Apriled Jan. ? XISX 74 yrs.  100. USUAL OCCUPATION (Give kind ol work dona during most of working life, even if reflected) Laborer  101. SINGLE, MARRIED, WIDOWED, DIVORCED, WIDOWED, DIVORCED, WIDOWED, DIVORCED, Toler of Foreign country)  102. CITIZEN OF WIDOWED  103. FATHER'S NAME  104. MOTHER'S MAIDEN NAME  105. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give wer or deleas of service) 213-244 2207 Mary Oliver Carter Rock Hall Maryland  105. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give wer or deleas of service) 213-244 2207 Mary Oliver Carter Rock Hall Maryland  11 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  12 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  3 // X IMMEDIATE CAUSE (A)	24 HRS Min.
HOSPITAL OR INSTITUTION OR IN back of Cannery  STREET ADDRESS in back of Fariery  (Losi)  3. NAME OF DECEASED (Ifyret) (Middle) (Itype or Print)  5. SEX 6. COLOR OR RACE (Widoweb, Divorced), Se. Date OF BIRTH TOTAL OR THE STREET ADDRESS  TOOLOR OF RACE (Specify) Married Jane?  100. USUAL OCCUPATION (Give kind of work done during most of working life, aven if refired)  100. KIND OF BUSINESS OR OR INDUSTRY VARIOUS  11. BIRTHPLACE (Stele or foreign country)  12. CITIZEN OF WIDOWAY  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  UNKNOWN  15. WAS DECEASED EVER IN U. S. ARMED FORCES?  (Yes, no, or unk.) (If Yes, give wer or dates of service) ADDRESS  Mary Oliver Carter  ROCK Hall  Maryland  18. MEDICAL CERTIFICATION  INTERVAL BETONSET AND  NITERVAL BETONSET AND  NITERVAL BETONSET AND	24 HRS. Min.
To. USUAL OCCUPATION (Give kind of work done during most of working life, aven if refired)  13. FATHER'S NAME  UNKNOWN  15. WAS DECEASED EVER IN U. S. ARRED FORCES? (Yes, no, or unk.) (If Yes, give war or dalas of servica) don't know  10. USLA SECONDITIONS DIRECTLY LEADING TO DEATH  12. CITIZEN OF WILDOWS  14. MOTHER'S MAIDEN NAME  UNKNOWN  15. WAS DECEASED EVER IN U. S. ARRED FORCES? (Yes, no, or unk.) (If Yes, give war or dalas of servica) don't know  16. SOCIAL SECURITY NO. 213-242 2207 Mary Oliver Carter Rock Hall  ANTECEDENT CAUSE(S) DUE TO  17. INFORMANT & ADDRESS  MARY Oliver Carter NITERVAL BETONSET AND	24 HRS. Min.
To. USUAL OCCUPATION (Give kind of work done during most of working life, aven if refired)  13. FATHER'S NAME  UNKNOWN  15. WAS DECEASED EVER IN U. S. ARRED FORCES? (Yes, no, or unk.) (If Yes, give war or dalas of servica) don't know  10. USLA SECONDITIONS DIRECTLY LEADING TO DEATH  12. CITIZEN OF WILDOWS  14. MOTHER'S MAIDEN NAME  UNKNOWN  15. WAS DECEASED EVER IN U. S. ARRED FORCES? (Yes, no, or unk.) (If Yes, give war or dalas of servica) don't know  16. SOCIAL SECURITY NO. 213-242 2207 Mary Oliver Carter Rock Hall  ANTECEDENT CAUSE(S) DUE TO  17. INFORMANT & ADDRESS  MARY Oliver Carter NITERVAL BETONSET AND	Min.
male colored widowed, Divorced, Specify Married Jan. ? XISX 74 yrs. Months Days Hours of Colored Specify Married Jan. ? XISX 74 yrs. Months Days Hours 100. SUBJAL OCCUPATION (Give kind of work dona during most of working life, even if refired) Laborer 10b. Kind of Business OR Industry Various 11. Birthplace (State or foreign country) 12. Citizen of widoward Country? USA  13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME UNKNOWN  15. WAS DECEASED EVER IN U. S. ARMED FORCES? (16. SOCIAL SECURITY NO. 213-249 2207 Mary Oliver Carter Rock Hall Maryland 18. MEDICAL CERTIFICATION INTERVAL BEI ONSET AND ANTECEDENT CAUSE(S) DUE TO ANTECEDENT CAUSE(S) DUE TO ANTECEDENT CAUSE(S) DUE TO ANTECEDENT CAUSE(S) DUE TO	Min.
male   colored   (Specily)   Married   Jan. ?   IST   74   yrs.    10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)   Laborer   10b. KIND OF BUSINESS OR INDUSTRY VARIOUS   11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF W. COUNTRY? USA    13. FATHER'S NAME   14. MOTHER'S MAIDEN NAME   UNKNOWN    15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yas, no, or unk.)   (If Yas, give war or dates of service)   213-249   2207   Mary Oliver Carter   Maryland	) WEEN
106. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  112. CITIZEN OF W. COUNTRY? WATIOUS  113. FATHER'S NAME  114. MOTHER'S MAIDEN NAME  UNKNOWN  115. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yas, no, or unk.) (IF Yas, give war or dates of service) don't know  116. SOCIAL SECURITY NO.  213-249 2207 Mary Oliver Carter  117. INFORMANT & ADDRESS  WARY Oliver Carter  118. MEDICAL CERTIFICATION  119. MEDICAL CERTIFICATION  110. BIRTHPLACE (State or foreign country)  USA  110. BIRTHPLACE (State or foreign country)  USA  111. BIRTHPLACE (State or foreign country)  USA  112. CITIZEN OF W. COUNTRY? USA  113. FATHER'S NAME  UNKNOWN  115. WAS DECEASED EVER IN U. S. ARMED FORCES? (A) Mary Oliver Carter  Maryland  INTERVAL BETONSET AND  116. SOCIAL SECURITY NO.  213-249 2207 Mary Oliver Carter  Maryland  INTERVAL BETONSET AND  117. INFORMANT & ADDRESS  INTERVAL BETONSET AND  118. MEDICAL CERTIFICATION  INTERVAL BETONSET AND	9 WŁEN
To iseases or conditions directly leading to death  To iseases or conditions directly leading to death  Antecedent cause  Antecedent cause (A) (3 4 4 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	WEEN
13. FATHER'S NAME  UNKNOWN  15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) and the world on the service of the serv	WEEN
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) 213-249 2207 Mary Oliver Carter Rock Hall Maryland  1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  33/X IMMEDIATE CAUSE  ANTECEDENT CAUSE(S) DUE TO	WEEN
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give wer or dates of service)  213-242 2207 Mary Oliver Carter  Rock Hall Maryland  18. MEDICAL CERTIFICATION  18. MEDICAL CERTIFICATION  18. MEDICAL CERTIFICATION  NITERVAL BET ONSET AND  ANTECEDENT CAUSE (A) (3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	WEEN
(Yes, no, or unk.) (If Yes, give wer or deles of service) 213-249 2207 Mary Oliver Carter Rock Hall Maryland  1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  33/X IMMEDIATE CAUSE (A) (3 4 4 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	WEEN
33/X IMMEDIATE CAUSE  (A) (3) ** The state of the state o	
33/X IMMEDIATE CAUSE  (A) (3) # 4 9 for expression  ANTECEDENT CAUSE(S) DUE TO  B. 2 for expression  ANTECEDENT CAUSE(S) DUE TO	
ANTECEDENT CAUSE(S) DUE TO	
ANTECEDENT CAUSE(S)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE TRATING LINDEPLYING CAUSE LAST DUE TO	
STATING UNDERLYING CAUSE LAST. DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH.  198. DATE OF OPERATION   196. MAJOR FINDINGS OF OPERATION 20. AUTOI	SY?
	0
21s. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, farm, factory, OR CONTRIBUTING   CAUSE OF DEATH OF INJURY Street, office bidg., etc.) (If EITHER, NOTIFY MEDICAL EXAMINER)	a)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21a. INJURY OCCURRED Vibile M. et work	
22. I hereby certify that I attended the deceased from Decl., 19.75, to Alan 5, 19.55, that I last saw the d	ceased
alive on 1955, and that death occurred at 100 m, from the causes and on the date stated above.	
SIGNATURE DE Kester ADDRESS (Sireet, city, town, state) DATE S	_
Ellefet M.D. Rock Hall, Md. 12/5/8	
Date Thereof Name of Cemetery or Crematory Chestertown, Memoral (SPECIFY)  Burial Dec. 8 1955 Janes (Pomona) Cem. Chestertown, Memoral	Stata)
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE ADDRESS	
10 1 1 1 1 1 1 Chestertown	

ATTACHMENT STATE PROPERTY OF THE STATE OF A STATE OF A

# CERTIFICATE OF DEATH

BUREAU V. S.

330 330

# NSTRUCTIONS

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

#### 12060 CERTIFICATE OF DEATH

12049 Reg. Dist. No. 200

1. PLACE OF DEATH				2. USUAL R	ESIDENC	E (HOME) OF D	ECEASEI	)		
COUNTY KE	ent	MARYL	AND	STATE Ma	rvlan	d	Kent			
	e limits, write RURAL	LENGTH O				limits, write RURAL	and give need	rest town	1	
OR end give neerest to	own)	(in this p	tace)	OR OR			ond give noon	oar rown,		
PILLI	ngton #2	life	2			ngton				X
HOSPITAL OR				STREET ADDRESS			ive location)			1
STREET ADDRESS	Riley Ne	ck			Riley	Neck				
3. NAME OF DECEASED	(First)	(Middle)		(Lest)		4. DATE (Mo	nth)	(Dey)	(Ye	ar)
(Type or Print)	ALVERTA	PORTER	HALL			DEATH	Dec.	10	10	55
5. SEX   6. COLO	R OR   7. SINC	ILE. MARRIED.	8. DATE C	F BIRTH	9.	AGE lest birthdey	I IF UNDER	1 YEAR	IF UNDER	24 HRS
F RACE	WID	OWED, DIVORCED,	Nov.	16,1887		68	Months	Deys	Hours	
100. USUAL OCCUPATION (G		10b. KIND OF BUSINES	1			yrs.	1 10		1	1
done during most of work	king life, even If	OR INDUSTRY		11. BIRTHPLACE (Sta				-COUN	N OF WH	AT
retired) Labor	rer	Cannery		Queen An	ne Co	. Maryla	and	0 5	5 .	
13. FATHER'S NAME				14. MOTHER'S	MAIDEN NA	ME				
Eugene (	Froves			Mary	Franc	es Lawre	ence			
15. WAS DECEASED EVER IN		7   16. SOCIAL SEC	URITY NO.	17. INFORA	MANT & ADI	DRESS				
(Yes, no, or unk.) (If Yes, gi	ve war or detes of servi	213-22-	-8683	Phill	ip Gr	oves, Mi	illin	gtor	a. Mo	d.
110				TIFICATION					RVAL BET	
I DISEASES OR CONDITIONS	DIRECTLY LEADING T	O DEATH	DIONE CEN	THICKITON					SET AND	
422-2 AMMEDIATE CA	USE (A)	Preum	mia					56	diren	-
	2115	-1		2 . 2	. 0	, ,			1	
ANTECEDENT CA	IF ANY (R)	egener	tian o	f the li	ent	unile	-	Jores	e len	wites.
GIVING RISE TO THE ABOV STATING UNDERLYING CAU	E CAUSE	1								
STATING CHOCKETING CAG	(C)									
II OTHER SIGNIFICANT COND										
TO THE DEATH BUT NOT REDISEASE OR CONDITION CA										
190. DATE OF OPERATION		FINDINGS OF OPERATIO	N					20	. AUTOP	SY?
								YES	□ N	0 0
21a. ACCIDENT WAS UNDER OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL E)	OF DEATH OF INJU	ACE (Home, farm, fector RY street, office bldg., etc	y, :.)	21c. WHERE DID INJU	RY OCCUR?	(City or town)	(Coun	ty)	(Stet	a)
21d. TIME OF INJURY (Mont	th) (Day) (Yeer) (He		JRRED	21f. HOW DID INJU	RY OCCUR?					
			work							
22. I hereby certify	that I attended t	he deceased from D	ec. 8	19 5	0	19	that I	last say	w the de	reased
plive on 124	P1 10 J-J-	, and that death	accurred at	& P. W.	- the	+	Jaka	1 -1 -	* 1110 00	C00300
SIGNATURE	, , , , , , , , , , , , , , , , , , , ,	, and mar deam	occurred a			SS (Street, city, to			e. Date s	CNED
all he &	tra leur	tu	44.0		Muil	lengton	hid	. 17	//,	1-1
23. BURNAL, CREMATION,	DATE THEREOF	I NAME OF	M.D. CEMETERY OR			LOCATION (City, toy				(State)
REMOVAL (SPECIFY)	Dog	4/55 Ril				Milling			1	orale)
Burial	Dec. 1	-4600 RILL	ey nec							
24. REC'D BY REGISTRAR	REGISTRAR'S S		/	25. FUNERAL DIR				ADDRESS		20.10
DATE 12/14/55	Tolum	drtto VV.	and.	Marvin	V. W:	Llliams,	Ches	ter	town	· Mc

# MTARGED BLADELTHE OF BEATH

2 V UABRUS

SET U. 310

72 hours after death. After this director, the third copy of this

# NSTRUCTIONS

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

# 12056 CERTIFICATE OF DEATH

12050

1. PLACE OF DEATH		2. USUAL RESIDEN	ICE (HOME) OF DI	CEASED	
COUNTY Kent	MARYLAND	STATE Maryla	nd country	uee n	Anne
CITY (If outside corporete limits, write RURAL	LENGTH OF STAY		rete limits, write RURAL er	of the second	
37 TOWN Chestertown	(in this plece)	OR	ch Hill		1 200
HOSPITAL OR		STREET	(if rurel giv	a location)	17X-2
19 STREET ADDRESS nno's hospital	and Quee n	ADDRESS	fit raise gre	e locellon)	
	Aiddle)	(Last)	4. DATE (Mon	th) (Da	y) (Yeer)
(Type or Print) Mary Emm	na Hu	ghes	DEATH De	c. 25	, 19 55
5. SEX   6. COLOR OR   7. SINGLE, MARRIED		0	9. AGE last birthdey	IF UNDER 1 YE	
emale   White   (Specify) Wid	lowed June	25, 1872	83 yrs.	Months De	ys Hours Min.
	OF BUSINESS NDUSTRY	11. BIRTHPLACE (State or fore	gn country)		TIZEN OF WHAT
refired) Housewife	, in a second	Dover, Del	aware		DUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN			
Samuel Richard Milbourne		Janie Pet	erson		
	SOCIAL SECURITY NO.	17. INFORMANT &			
(Yes, no, or unk.) (If Yes, give wer or detes of service)		Ethel La	ne Oram,	Church	Hill Na
	18. MEDICAL CE		die of am,		NTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH					ONSET AND DEATH
IMMEDIATE CAUSE (A) Coror	nary thromb	osis		2	5 minutes
ANTECEDENT CAUSE(S) DUE TO	N. S.				
	ary artery	disease		]	5 years
(C)  11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING					
TO THE DEATH BUT NOT RELATED TO THE					
DISEASE OR CONDITION CAUSING DEATH	F OPERATION				20. AUTOPSY?
	, or English				YES NO TH
21a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH OF INJURY Street, off		21c. WHERE DID INJURY OCCU	R? (City or town)	(County)	(Stete)
21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. I While M.	NJURY OCCURRED Not while	21f. HOW DID INJURY OCCU	R?		
22. I hereby certify that I attended the deceas	ed from12-25	, 19.55, to	2-25 , 19.55	, that I last	saw the deceased
alive on 12-25-, 19.55, and 1	that death occurred a	1:20M, from the c	auses and on the d	ate stated at	oove.
SIGNATURE 2025		p.M. ADD	RESS (Street, city, town	n, stete)	DATE SIGNED
01/2004	M.D.	Chester	town, Md.	12	-25-55
23. BURIAL, CREMATION, REMOVAL (SPECIFY)	NAME OF CEMETERY OF	RCREMATORY	LOCATION (City, town	, or county)	(Stete)
Burial Dec. 28  24. REC'D BY REGISTRAR   REGISTRAR'S SIGNATURE	Chester	25. FUNERAL DIRECTOR'S	Chester	town.	arvland
7 0 9 9 1 17 0 0	1 B.				
DATEA VERENER OF THE CHANGE	N VIAMA	A Edgar L. I	ane Chunc	h H477	Ma

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within certificate has been executed by the attending physician and completely filled in by the funeral death certificate assembly should be detached for use as a burial transit permit. TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death The bottom copy may be retained by the hospital or attending physician.

VS A15C 1-55 10M

# MIASO TO STADISTING PRINT

A CHAT

9561 S NAC

BUREAU V. E.

COPPEND HARDINED SEED TO BEEN STATED

this

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12051

#### 12061 CERTIFICATE OF DEATH

For the property of the prop	THE COLUMN STATE (House)  WO TON  STREET ADDRESS  WO TON  MO TON  WO TON  STREET ADDRESS  WO TON  MO TON  WO TON  WO TON  STREET ADDRESS  WO TON  MO TON  WO TON  WO TON  WO TON  STREET ADDRESS  WO TON  MO TON  WO TON  STREET ADDRESS  WO TON  MO TON  WO TON  WO TON  WO TON  WO TON  WO TON  STREET ADDRESS  WO TON  MO TON  WO T	CITY (III outside corporate limits, write RURAL on Porton	1. PLACE OF DEATH			2. US	JAL RESIDENCE (H	OME) OF DEC	EASED	
CITY (if outside corporate limits, write RURAL and give nearest lown) OR and and give near	The control of the co	CITY (III cutsides composete limits, write RURAL and gives meanest lown) ON MOTON  STREET ADDRESS  WOTON  STREET ADDRESS  WOTON  ON MOTON  STREET ADDRESS  OF (If rure) gives location)  A. DATE (Month)  DEATH Dec. 22 19  DEATH Dec. 22 19  STREET ADDRESS  OEATH Dec. 22 19  STREET ADDRESS	COUNTY	Kent	MARYLAN	D STA	Maryland	COUNTY	Kent	
STREET DADRESS WORTON  3. NAME OF OFTENDER OF Print)  ABBIDGAIL  HURD  5. SEX  6. COLOR OR  RACE  F. SINGEL, MARRIED, MONOWED, DIVORCED, SHOULD BUSINESS  OR NOUSTRY  HORDOWED, DIVORCED, SHOULD BUSINESS  OR NOUSTRY  NOTICE  10. USUAL OCCUPATION (Give kind of work)  done during most of working life, aven if notice with the field of Nousewife  13. FATHER'S NAME  Henry Coverdale  15. WAS DECEASED EVER IN U. S. ARMED FORCES?  (rist, no, or unk.)  16. SOCIAL SECURITY NO.  ID INFORMANT & ADDRESS  NTS. ROY D. POSTLE, WORTON, ONE OF BUSINESS  OR INDUSTRY  NOTICE  17. INFORMANT & ADDRESS  NOT NOUSTRY  NOTICE  18. MEDICAL CERTIFICATION  INFORMANT & ADDRESS  NTS. ROY D. POSTLE, WORTON, ONE OF BUSINESS  OR CONDITIONS, IF ANY, (8)  DISCASES OR CONDITIONS DATE.  LITER SIGNIFICANT CONDITIONS CONTRIBUTING CONTRIBUTING COUNTRY (FIGURE CAUSE) DUE TO OF INJURY OCCUR? (City or lown)  OF NUMBER AND CAUSE CONDITIONS CONTRIBUTING CONTRIB	ADDRESS WORTON  ADDRESS WORTON  AND OF CERASED ABBIEGATL HURD  (Middle) (Lest) 4. DATE (Month) (Dey) (Year)	STREET ADDRESS WOPTON  3. NAME OF STREET ADDRESS WOPTON  3. NAME OF STREET ADDRESS WOPTON  ABBERGALL BURD  5. SEX  6. COLOR OR 7. SNGLE, MARRIED, WOWNERD, DIVORCED, SACE STREET ADDRESS WOWNER, DIVORCED, SACE STREET ADDRESS WOONED, STREET A	OR end give neerest toy	wn)	(in this place	CITY OR	(If outside corporete limits		give neerest town)	Х
S. SEX   6. COLOR OR   7. SINGLE, MARRIED   8. DATE OF BIRTH   9. AGE less birthdey   15 UNDER 1 YEAR   15 UNDER 1 YEA	SCEASED POOR TO THE PROPERTY OF A STATE OF BIRTH DOC. 22 19 POOR THE POOR TO THE PROPERTY OF A STATE OF BIRTH DOC. 22 19 POOR THE	DEATH   Dec. 22   19	INSTITUTION OR	Worton			RESS	(If rure) give lo	ocetion)	1
S. SEX 6. COLOR OR RACE. 7. SINGLE MARRIED, WODOWED, Specify LOWED, DIVORCED, (Specify) LOWED, DIVIDING LOWED, DIVORCED, (Specify) LOWED, DIVORCED, (Specify) LOWED, DIVORCED, (Specify) LOWED, DIVORCED, LOWED, LOWED	ASE OR CONDITIONS DIRECTLY LEADING TO DEATH  ASTECDENT CAUSE (S)  B. DATE OF BIRTH  P. AGE lest birthdey  Whop Web, Daylor Rep, (Specify) COWER or down in the cower or down in	S. SEX 6. COLOR OR RACE 7. SINGLE MARRIED, WIDOWGO, DOVORCED, Spedifyll OWE 1 3, 1872 8. AGE lest birthday Months Days Hours Widowgo, Univorked, Spedifyll OWE 1 3, 1872 9. AGE lest birthday Months Days Hours Widowgo, Owe of the Second William and of working life, avanil 106. KIND OF BUSINESS of No INDUSTRY SUBSEX CO. Delaware 12. CITIZEN DAY 10. STATING WINGSTAY NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECRASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS (17. INFORMANT & ADDRESS NO. OF INSTANCE OF CONDITIONS, IF ANY, 8. AND ADDRESS OF CONDITIONS DIRECTLY LEADING TO DEATH 10. STATING UNDERLYING CAUSE (S) DUE TO DISEASES OR CONDITIONS, IF ANY, 8. ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, 8. ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, 8. ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS DIRECTLY LEADING TO THE DEATH BUT NOT RELATED TO THE DEATH BUT NOT RELATED TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITIONS OF OPERATION 196. MAJOR RENDING CONTRIBUTING CONTRIBUTING CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITIONS OF OPERATION 196. MAJOR RENDING CONTRIBUTING CONTRIBUTIONS CONTRIBUTING CONTRIBUTIONS CONTRIBUTING CONTRIBUTIONS CONTRIBUTING CONTRIBUTIONS CONTRIBUTIONS OF OPERATION 196. MAJOR RENDING CONTRIBUTIONS CONTRIBUTIONS OF OPERATION 196. MAJOR RENDING CONTRIBUTIONS OF OPERATION 197. MAJOR RENDING CONTRIBUTIONS CONTRIBUTIONS OF OPERATION 197. MAJOR RENDING CONTRIBUTIONS O	DECEASED			(Lest)	4.	OF		
done during most of working life, even if relited) housewife  13. FATHER'S NAME  Henry Coverdale  15. WAS DECEASED EVER IN U. S. ARMED FORCES? (16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS (16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS (16. No. or unk.) (If Yes, give wer or dates of service) none  16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS (16. SOCIAL SECURITY NO. 18. MEDICAL CERTIFICATION (17. INFORMANT & ADDRESS (18. ANY, 19. INTERVAL ONSEL A STATING UNDERLYING CAUSE (A)  ANTECEDENT CAUSE (S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B)  STATING UNDERLYING CAUSE LAST. DUE TO (C)  11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DEATH BUT NOT RELATED TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. (C)  12 ON CONTRIBUTING CAUSE OF DEATH OF INJURY STORY (18. ACCIDENT WAS UNDERLYING CONTRIBUTING OF INJURY invest, office bidg., etc.)  216. ACCIDENT WAS UNDERLYING OF INJURY street, office bidg., etc.)  216. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) Not while et work et w	THER'S NAME  HENRY COVERDALE  SUSSEX CO. Delaware  14. MOTHER'S MAIDEN NAME  MARY WARTEN  SOCIAL SECURITY NO.  FOR UNITY, OF UNITY, OF UNITY, OF UNITY, OF UNITY, OF INJURY STREET, OF OF PRATION  RESE OR CONDITIONS DIRECTLY LEADING TO DEATH  ASE OR CONDITIONS, IF ANY,  RISE TO THE ABOYE CAUSE  OUT OF UNITY, OF INJURY STREET, OF INJURY	done during most of working life, even if reflied housewife home Sussex Co. Delaware U.S. Was pecased by the interview of home Sussex Co. Delaware U.S. Was pecased by the interview of home Sussex Co. Delaware U.S. Was pecased by the interview of home Sussex Co. Delaware U.S. Was pecased by the interview of home Sussex Co. Delaware U.S. Was pecased by the interview of home Sussex Co. Delaware U.S. Was pecased by the interview of home Sussex Co. Delaware U.S. Was pecased by the interview of home Sussex Co. Delaware U.S. Was pecased by the interview of home Sussex Co. Delaware U.S. Was pecased by the interview of home Sussex Co. Delaware U.S. Was pecased by the interview of home Suspex Co. Delaware U.S. Was pecased by the interview of home Suspex Co. Delaware U.S. Was pecased by the interview of home Suspex Co. Delaware U.S. Was pecased by the interview of home Suspex Co. Delaware U.S. Was pecased by the interview of home Suspex Co. Delaware U.S. Was pecased by the interview of home Suspex Co. Delaware U.S. Was pecased by the interview of home Suspex Co. Delaware U.S. Was pecased by the interview of home Suspex Co. Delaware U.S. Was pecased by the interview of home Suspex Co. Delaware U.S. Was pecased by the interview of home Suspex Co. Delaware U.S. Was pecased for the interview of home Suspex Co. Delaware U.S. Was pecased to home Suspex Co. Delaware U.S. Was pecased for home Suspe	0.400	OR 7. SINGLE, MA	DIVORCED			lest birthdey II	F UNDER 1 YEAR	IF UNDER 2
Henry Coverdale  15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give wer or dates of service)  16. SOCIAL SECURITY NO.  17. INFORMANT & ADDRESS (Mrs. Roy D. Postle, Worton,  18. MEDICAL CERTIFICATION  19. MARDIATE CAUSE (A)  ANTECEDENT CAUSE(S)  DUE TO  DISEASES OR CONDITIONS, IF ANY, (B)  STATING UNDERLYING CAUSE TO THE ABOVE CAUSE TO THE ABOVE CAUSE DUE TO  DISEASE OR CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE  DISEASE OR CONDITION CAUSING DEATH.  19. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  19c. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  19c. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  19c. DATE OF INJURY (Month) (Dey) (Yeer) (Hour)  21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour)  22e. I hereby certify that I attended the deceased from  ADDRESS (Street, city, lown, stete)  ADDRESS (Street, city, lown, stete)  DAT	Henry Coverdale  No Dectased Ever in U. S. Armed Forces?  Or orunk.) (If Yes, give wer or dates of service)  NONE  NONE  ASES OR CONDITIONS DIRECTLY LEADING TO DEATH  ASES OR CONDITIONS, IF ANY,  IRECTURE AND CONTRIBUTING  INTERVAL BETWE ONSET AND DEA  ANTECCEDENT CAUSE(S)  DUE TO  ES OR CONDITIONS, ONTRIBUTING  INTERVAL BETWE ONSET AND DEA  ANTECCEDENT CAUSE (S)  UNDERLYING CAUSE LAST  DUE TO  COURT WAS UNDERLYING GHATH  OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  COLDENT WAS UNDERLYING GHATH  AND COLDENT WAS UNDERLYING GHATH  KE OF INJURY (Month) (Dey) (Yeer) (Hour)  EVEN OF INJURY (Month) (Dey) (Yeer) (Hour)  AND COLDENT (Month) (Dey) (Yeer) (Hour)  While Injury (Month) (Dey) (Yeer) (Hour)  AND COLDENT (AND COURTED WAS UNDERLYING)  AND COURTED WAS UNDERLYING (COUNTED WAS UNDERLY OR CREMATORY (COURTED WAS UNDERLYING)  AND COURTED WAS UNDERLYING (COUNTED WAS UNDERLY OR CREMATORY (COURTED WAS UNDERLY OR CREMATORY (COU	Henry Coverdale   Mary Warren	done during most of working	ng life, even if	OR INDUSTRY				TT COUNT	TRY?
IS. WAS DECEASED EVER IN U. S. ARMED FORCES?  (Yes, no, or unk.)  (If Yes, give wer or dates of service)  NONE  10. MEDICAL CERTIFICATION  11. INFORMANT & ADDRESS  MYS. ROY D. POSTLE, WORTON,  12. INFORMANT & ADDRESS  MYS. ROY D. POSTLE, WORTON,  13. INFORMANT & ADDRESS  MYS. ROY D. POSTLE, WORTON,  14. MEDICAL CERTIFICATION  15. MEDICAL CERTIFICATION  16. MEDICAL CERTIFICATION  17. INFORMANT & ADDRESS  MYS. ROY D. POSTLE, WORTON,  18. MEDICAL CERTIFICATION  19. MATECEDENT CAUSE (S)  18. MEDICAL CERTIFICATION  19. MATECEDENT CAUSE (S)  19. MATECEDENT CAUSE (S)  19. MATECEDENT CAUSE (S)  19. DATE OF OPERATION  19. MAJOR FINDINGS OF OPERATION  19. DATE OF OPERATION  19. MAJOR FINDINGS OF OPERATION  19. DATE OF OPERATION  19. MAJOR FINDINGS OF OPERATION  19. MAJOR FINDINGS OF OPERATION  21c. ACCIDENT WAS UNDERLYING OF CONTRIBUTING OF INJURY Street, office bidg., etc.)  (FETHER, NOTIFY MEDICAL EXAMINER)  21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21c. INJURY OCCURRED While of work o	ASE OR CONDITIONS DIRECTLY LEADING TO DEATH  ASES OR CONDITIONS DIRECTLY LEADING TO DEATH  ANTECEDENT CAUSE(S)  ES OR CONDITIONS, IF ANY,  RISE TO THE ABOVE CAUSE  G UNDERLYING CAUSE LAST,  OF ES OR CONDITION AUSING DEATH  ON A DIE TO  COULDENT WAS UNDERLYING DEATH  THE DEATH BUT NOT RELATED TO THE  ASE OR CONDITION CAUSING DEATH  THE DEATH BUT WAS UNDERLYING  COLIENT WAS UNDERLYING OF INJURY street, office bidg., etc.)  THE OF INJURY (Month) (Dev) (Yeer) (Hour) 21e. INJURY OCCURRED  While Not while et work  The Property of the Above Cause of College of the Above Cause of C	IS. WAS DECEASED EVER IN U. S. ARMED FORCES? ((19, no, or unk.)) ((17 Yes, give wer or dates of service)  IODE	13. FATHER'S NAME			14. MC	THER'S MAIDEN NAME			
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I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  ANTECEDENT CAUSE (A)  DISEASES OR CONDITIONS, IF ANY, (B)  DISEASES OR CONDITIONS, IF ANY, (B)  LIT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  TO THE DEATH BUT NOT RELATED TO THE  DISEASE OR CONDITION CAUSING DEATH.  LOCAL CONTRIBUTING  OR CONTRIBUTING CAUSE OF DEATH  LIFE ETHER, NOTIFY MEDICAL EXAMINER)  210. ACCIDENT WAS UNDERLYING OF INJURY street, office bidg., etc.)  211. TIME OF INJURY (Month) (Day) (Yeer) (Hour) 210. INJURY OCCURRED While of work of work, and that death occurred at Local Control Control, in the causes and on the date stated above.  ADDRESS (Street, city, lown, stete)  DAT	ASES OR CONDITIONS DIRECTLY LEADING TO DEATH    MMEDIATE CAUSE   (A)   Control   Contr	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  ANTECEDENT CAUSE (A)  DUE TO  GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  DIE TO  (C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19° DATE OF OPERATION  19° DATE OF OPERATION  19° DATE OF OPERATION  216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF ETHER, NOTIFY MEDICAL EXAMINER)  21d. TIME OF INJURY (Month) (Day) (Yeer) (Hour) 21e. INJURY OCCURRED While Not while of work of work of work of work of work of work of the work of work of the work			none	IMr	s. Rov D.	Postle,	Norton	. 1 d
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22. I hereby certify that I attended the deceased from 19.55, to 19.55, to 19.55, that I last saw the alive on 19.55, and that death occurred at 19.55, from the causes and on the date stated above.  SIGNATURE (Street, city, lown, stete)	hereby certify that I attended the deceased from 19.55, to 19.55, to 19.55, that I last saw the deceased live on 19.55, and that death occurred at 19.55, from the causes and on the date stated above.  HIGHATURE  RIAL, CREMATION,  MOVAL (SPECIFY)  DATE THEREOF  DATE SIGNATURE  LOCATION (City, town, or county)  (Steel, City, town, or county)	22. I hereby certify that I attended the deceased from July 1955, to Dec 1955, that I last saw the dealive on the CZZ, 1955, and that death occurred at 25 pm, from the causes and on the date stated above.  SIGNATURE  SIG	ANTECEDENT CAL  ANTECEDENT CAL  DISEASES OR CONDITIONS, I GIVING RISE TO THE ABOVE STATING UNDERLYING CAUS  II OTHER SIGNIFICANT CONDIT  TO THE DEATH BUT NOT REL DISEASE OR CONDITION CAI	USE (A) CONTRIBUTING LATED TO THE USING DEATH.	terias	Nascu Lucsi	laracci		INTEL ONS	ET AND DEA
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MARYLAND STATE DEPARTMENT OF HEALTH-DALTHOUS, 18

# PRESENT CERTIFICATE OF DEATH

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registrar within 72 hours after death. After by the funeral director, the third copy of

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12052

#### 12062 CERTIFICATE OF DEATH

	Н						E (HOME) OF	PECEASI	ED	
COUNTY Ke	nt		MARYL	AND	STATE I	arylar	1d COUNTY	Kei	nt	
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(Typa or Print)	B.	LANCHL	D.	Jakil	N		DEATH D	ec.	15	19
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13. FATHER'S NAME					14. MOTHER	S MAIDEN NA	ME			
Henr	y Gray				Eliza	beth I	Deputy			
15. WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECU	URITY NO.	17. INFO	RMANT & ADD	PRESS			-
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DISEASES OR CONDITIONS GIVING RISE TO THE ABE STATING UNDERLYING C.  II OTHER SIGNIFICANT COI TO THE DEATH BUT NOT DISEASE OR CONDITION  19a. DATE OF OPERATION	S, IF ANY, (B) OVE CAUSE AUSE LAST. (C) NDITIONS CONTRIBUT RELATED TO THE CAUSING DEATH.  19b. MAJO	OR FINDINGS OF	er fens,	ve c	Cordio-16				YES	
DISEASES OR CONDITIONS GIVING RISE TO THE ABE STATING UNDERLYING C.  II OTHER SIGNIFICANT COI TO THE DEATH BUT NOT DISEASE OR CONDITION  19a. DATE OF OPERATION  21a. ACCIDENT WAS UND OR CONTRIBUTING CAUS (IF EITHER, NOTIFY MEDICAL	S, IF ANY, (B) OVE CAUSE AUSE LAST. (C) NDITIONS CONTRIBUT RELATED TO THE CAUSING DEATH.  19b. MAJO DERLYING   21b. SE OF DEATH EXAMINER)	OR FINDINGS OF	of OPERATION	se c				(Coo		Prima.
DISEASES OR CONDITIONS GIVING RISE TO THE ABE STATING UNDERLYING C.  IT OTHER SIGNIFICANT COI TO THE DEATH BUT NOT DISEASE OR CONDITION  19a. DATE OF OPERATION  21a. ACCIDENT WAS UND OR CONTRIBUTING  CAUS	S, IF ANY, (B) OVE CAUSE AUSE LAST. (C) NDITIONS CONTRIBUT RELATED TO THE CAUSING DEATH.  19b. MAJO DERLYING   21b. SE OF DEATH EXAMINER)	OR FINDINGS OF	F OPERATION  farm, factory fice bldg., atc.  NJURY OCCU	11 C	Cordio-16	JURY OCCUR?		(Coe	YES	☐ NO
DISEASES OR CONDITIONS GIVING RISE TO THE ABE STATING UNDERLYING C.  II OTHER SIGNIFICANT COI TO THE DEATH BUT NOT DISEASE OR CONDITION  19a. DATE OF OPERATION  21a. ACCIDENT WAS UND OR CONTRIBUTING CAUS (IF EITHER, NOTIFY MEDICAL 21d. TIME OF INJURY (MA)	S, IF ANY, (B) OVER CAUSE AUSE LAST. (C) NOTITIONS CONTRIBUT RELATED TO THE CAUSING DEATH.  19b. MAJO DERLYING   21b. SE OF DEATH EXAMINER) Onth) (Day) (Yeer)	OR FINDINGS OF PLACE (Home, NJURY street, offi While at world worl	of OPERATION  farm, factory fice bidg., atc.  NJURY OCCU Not et v	// / / / / / / / / / / / / / / / / / /	21c. WHERE DID IN	JURY OCCUR?	(City or town)		YES unity)	(State
DISEASES OR CONDITIONS GIVING RISE TO THE ABE STATING UNDERLYING CO  II OTHER SIGNIFICANT COI TO THE DEATH BUT NOT DISEASE OR CONDITION  19a. DATE OF OPERATION  21a. ACCIDENT WAS UND OR CONTRIBUTING CAUS (IF EITHER, NOTIFY MEDICAL 21d. TIME OF INJURY (Me)  22. I hereby certifi	S, IF ANY, (B) OF ANSE LAST. (C)  NDITIONS CONTRIBUT RELATED TO THE CAUSING DEATH.  19b. MAJO DERLYING   21b. SE OF DEATH OF IN EXAMINER) OF IN EXAMINER) (Yeer)	OR FINDINGS OF PLACE (Homa, NJURY street, offi White Al world the decease	of OPERATION  farm, factory fice bldg., atc.  NJURY OCCU  k	IRRED while Lune	21c. WHERE DID IN. 21f. HOW DID IN, 19.5.7	JURY OCCUR?  JURY OCCUR?	(City or town)	, that	YES unity)	(State
DISEASES OR CONDITIONS GIVING RISE TO THE ABE STATING UNDERLYING C.  II OTHER SIGNIFICANT COI TO THE DEATH BUT NOT DISEASE OR CONDITION  19-a. DATE OF OPERATION  21a. ACCIDENT WAS UND OR CONTRIBUTING CAUS (IF EITHER, NOTIFY MEDICAL 21d. TIME OF INJURY (Medical)	S, IF ANY, (B) OF ANSE LAST. (C)  NDITIONS CONTRIBUT RELATED TO THE CAUSING DEATH.  19b. MAJO DERLYING   21b. SE OF DEATH OF IN EXAMINER) OF IN EXAMINER) (Yeer)	OR FINDINGS OF PLACE (Homa, NJURY street, offi White Al world the decease	of OPERATION  farm, factory fice bldg., atc.  NJURY OCCU  k	IRRED while Lune	21c. WHERE DID IN. 21f. HOW DID IN, 19.5.7	DURY OCCUR?	(City or town)	, that	YES unity)  I last savited abov	(State
DISEASES OR CONDITIONS GIVING RISE TO THE ABE STATING UNDERLYING CO  II OTHER SIGNIFICANT COI TO THE DEATH BUT NOT DISEASE OR CONDITION  19a. DATE OF OPERATION  21a. ACCIDENT WAS UND OR CONTRIBUTING CAUS (IF EITHER, NOTIFY MEDICAL 21d. TIME OF INJURY (Me)  22. I hereby certificative on The Caus alive on The Caus	S, IF ANY, (B) OF ANSE LAST. (C)  NDITIONS CONTRIBUT RELATED TO THE CAUSING DEATH.  19b. MAJO DERLYING   21b. SE OF DEATH OF IN EXAMINER) OF IN EXAMINER) (Yeer)	OR FINDINGS OF PLACE (Homa, NJURY street, offi White Al world the decease	of OPERATION  farm, factory fice bldg., atc.  NJURY OCCU  k	IRRED while Lune	21c. WHERE DID IN. 21f. HOW DID IN, 19.5.7	DURY OCCUR?	(City or town)	, that	YES unity)  I last savited abov	(State
DISEASES OR CONDITIONS GIVING RISE TO THE ABE STATING UNDERLYING C.  11 OTHER SIGNIFICANT COI TO THE DEATH BUT NOT DISEASE OR CONDITION  19a. DATE OF OPERATION  21a. ACCIDENT WAS UND OR CONTRIBUTING CAUS (IF EITHER, NOTIFY MEDICAL  21d. TIME OF INJURY (Me)  22. I hereby certification alive on	S, IF ANY, (B) OF ANSE LAST. (C)  NDITIONS CONTRIBUT RELATED TO THE CAUSING DEATH.  19b. MAJO DERLYING   21b. SE OF DEATH OF IN EXAMINER) OF IN EXAMINER) (Yeer)	PLACE (Homa, NJURY street, offi Mills al world the decease \$5.5, and the street of	form, factory fice bldg., atc.  NJURY OCCU  k	IRRED Work Occurred a	21c. WHERE DID IN. 21f. HOW DID IN, 19.5.7	to. De.e.  and the cau  Addre	(City or town) , 19.55 ses and on the	, that date stat wn, stata)	I last savined above	w the de
DISEASES OR CONDITIONS GIVING RISE TO THE ABE STATING UNDERLYING C.  II OTHER SIGNIFICANT COI TO THE DEATH BUT NOT DISEASE OR CONDITION  19a. DATE OF OPERATION  21a. ACCIDENT WAS UND OR CONTRIBUTING CAUS (IF EITHER, NOTIFY MEDICAL 21d. TIME OF INJURY (MA  22. I hereby certify alive on	S, IF ANY, (B) OVE CAUSE AUSE LAST. (C) NDITIONS CONTRIBUT RELATED TO THE CAUSING DEATH. 19b. MAJO DERLYING DEATH. EXAMINER) Onth) (Day) (Yeer)  Of the contribution o	PLACE (Homa, NJURY street, offi Mills al world the decease S.S, and the EOF	form, factory fice bldg., atc.  NJURY OCCU  k	IRRED Work OCCUFFED A.D.	21c. WHERE DID IN  21f. HOW DID IN.  19.5.2	TO De cau ADDRE	(City or town) , 19  ses and on the  ss (Streat, city, to	, that dale stal wn, stata)	I last savined above	(State
DISEASES OR CONDITIONS GIVING RISE TO THE ABE STATING UNDERLYING C.  II OTHER SIGNIFICANT COI TO THE DEATH BUT NOT DISEASE OR CONDITION  19a. DATE OF OPERATION  21a. ACCIDENT WAS UND OR CONTRIBUTING CAUS (IF EITHER, NOTIFY MEDICAL 21d. TIME OF INJURY (Me)  22. I hereby certification alive on	S, IF ANY, (B) OVE CAUSE AUSE LAST. (C) NDITIONS CONTRIBUT RELATED TO THE CAUSING DEATH. 19b. MAJO DERLYING   21b. SE OF DEATH OF IN EXAMINER) Onth) (Day) (Yeer)  Prince of the contribution of the contribut	PLACE (Homa, NJURY street, offi Mills al world the decease S.S, and the EOF	form, factory fice bldg., atc.  NJURY OCCU  k	IRRED Work OCCUFFED A.D.	21c. WHERE DID IN 21f. HOW DID IN. 1952 1.952	TO De Company occur?  To De Company occur?	(City or town)  19.55 ses and on the SS (Streat, city, for Carton (city, town)  Calena,	, that dale stal wn, stata)	I last savined above	w the dee.

AN ARCHITAGO STATE DEPARTMENT OF HEALTHAN STATE CHARTEAN

# STARO PO STADISTRAD SRIE

1 3 Mark Will Sall

BUREAU V. S.

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72 hours after death. After director, the third copy of

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

## 12063 CERTIFICATE OF DEATH

12053

1. PLACE OF DEATH		2. USUAL RESIDEN	CE (HOME) OF DE	CEASED	
COUNTY Kent	MARYLAND	STATE Maryl	and COUNTY	Kent	
CITY (If outside corporete limits, write RURAL	LENGTH OF STAY	CITY (If outside corpor	rata limits, write RURAL en		
X TOWN Rock Hall	(in this piece) Life	OR	Hall		4
HOSPITAL OR	1 22.1.0	STREET	(If rure) give	a location)	
INSTITUTION OR STREET ADDRESS		ADDRESS		- 1000110117	- 1
3. NAME OF (First) DECEASED	(Middle)	(Last)	4. DATE (Mont	th) (Dey)	(Year)
(Type or Print) Blanch	D. Ji	adefind	DEATH ]	Dec. 25	1955
	MARRIED, 8. DATE	OF BIRTH	9. AGE fast birthdey	IF UNDER 1 YEAR	IF UNDER 24 H
Fem. White Specify	Single July	13-1908	47 yrs.	Months Days	Hours Mir
10a. USUAL OCCUPATION (Giva kind of work dona during most of working life, even if	Ob. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Steta or foreign	gn country)	12. CITIZE	N OF WHAT
retired) Housewife	on mooding	Maryland		conv	SA
13. FATHER'S NAME		14. MOTHER'S MAIDEN I	NAME		
Joseph B. Judefi:	nd	Ella C	oleman		
15. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT & A	DDRESS		
(Yes, no, or unk.) (If Yes, give wer or detes of service)		Mrs. Marv	C. Watkin	asRock	Hall
	18. MEDICAL CI				RVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO	/ 1	10/2-1		ONS	SET AND DEATH
// X IMMEDIATE CAUSE (A)	Carcinoma	of vien	· C		5 4200
ANTECEDENT CAUSE(S) DUE TO	and to the	1 to Oun			0
DISEASES OR CONDITIONS, IF ANY, (B)	meranas	es no surry			
GIVING RISE TO THE ABOVE CAUSE DUE TO					
(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING					
TO THE DEATH BUT NOT RELATED TO THE				7.4	
DISEASE OR CONDITION CAUSING DEATH.  198. DATE OF OPERATION // 19b. MAJOR FIN	DINGS OF OPERATION		,	20	AUTOPSY?
1951		noma of &	react	YES	A
216. ACCIDENT WAS UNDERLYING   216. PLACE OR CONTRIBUTING   CAUSE OF DEATH OF INJURY (IF EITHER, NOTIFY MEDICAL EXAMINER)	(Home, ferm, fectory, street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR	(City or town)	(County)	(Stata)
21d. TIME OF INJURY (Month) (Day) (Yaer) (Hour) M.	21e. INJURY OCCURRED While Not while at work	21f. HOW DID INJURY OCCUR	17		
		12 42- 16	0 78 000		
22. I hereby certify that I attended the	deceased from.	D. 10	2	, that I last say	w the deceas
alive on (ACC, A.J., 19.5.5	and that death occurred	at	auses and on the d		
7:00 17	K-11	(A)	RESS (Street, city, lawn	(, sto(o)	DATE SIGN
23. BURIAL, CREMATION, DATE THEREOF	NAME OF CEMETERY C	D CREMATORY	Mack	-1114	12/27/-
REPRYALISECTY) Dec. 2	B Wesley Cha		Rock Ha.		State
		As No Con and	I AMILIA HEL	I I a A'ALI a	
				,	
24. REC'D BY REGISTRARY REGISTRAR'S SIGN DATE RESEARCH 28/55 & Elici		25. FUNERAL DIRECTOR'S Edgar L. L	SIGNATURE	ADDRESS ch Hill,	

OF BROMFIAS - HTJASH TO THEMPER STATE CHARTES IS

# MINDERSTRICATE OF DEATH

BUREAU V. S.

MADE IN CLERCE DINUES BY THE COMME

PLACE OF DEATH

# 12064 CERTIFICATE OF DEATH

eg. Dist. No. 2-03

COUNTY	maryland Maryland	STATE MA	COUNTY KES	t.
CITY (If outside corporete limits, write RUR OR and give near town)	LENGTH OF STAY (in this plees)	CITY (If outside corporal OR TOWN	e fimits, write RURAL end give neerest	town)
HOSPITAL OR PASTITUTION OR STREET ADDRESS		STREET ADDRESS	(If rurel give location)	1
3. NAME OF DECEASED (Type or Print) Walter	Stephen.	Kirby.	4. DATE (Month) (D	19 4J
male white	WIDOWED, DIVORCED, (Specify) Married 72	6.8-1877	8 yrs.	eys Hours Min.
105. USUAL OCCUPATION (Give kind of work dona during, most of working life, even if retired) Watth was a second of the control	OR INDUSTRY	11. BIRTHPLACE (State or foreign	md a	STITIZEN OF WHAT
13. FATHER'S NAME Staphe	n Kirby	14. MOTHER'S MAIDEN' NA	- Clayto	342
15. WAS DECEASED EVER IN U. \$. ARMED FO (Yes, no, or unk.) (If Yes, give war or detes of	service)	Joseph ?	Kirby Ches	tertowning
1 DISEASES OR CONDITIONS DIRECTLY LEADIN	of to DEATH	Of Lune	1	ONSET AND DEATH
ANTECEDENT CAUSE(S)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)	10			
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Fulmorary	Sibrois +e	mphyseone	years
190. DATE OF OPERATION 196. MA.	JOR FINDINGS OF OPERATION		1	YES NO
	PLACE (Home, ferm, factory, INJURY street, office bldg., etc.)	21c, WHERE DID INJURY OCCUR?	(City or town) (County)	(State)
21d. TIME OF INJURY (Month) (Dey) (Yeer)	(Hour) 21e. fNJURY OCCURRED While Not while et work	21f. HOW DID INJURY OCCUR?	,	
22. I hereby certify that I attended alive on	od the deceased from		1959, that I last	
signature Trillar	Smith M.D.		SS Street, city, town, state	12/2/55
Burial, CREMATION,  Burial (SPECKY)	1315 Gheste	Cometery	Conedesteriore	ma
DATE 12 2 55	Gurand Burne	25. FUNERAL PRECTOR'S SIG	ADD Character	RESS MONEY

BE THE HALL WELL SHOW THE WAR BY ATT THE ACT AND

# HTARG TO STADISTRED MOSS

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BUREAU V.

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hours

# INSTRUCTIONS

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12055

#### CERTIFICATE OF DEATH 12065

Reg. Dist. No. 203

I. PLACE OF DEATH		2. USUAL RESIDEN	CE (HOME) OF DECE	ASED	
COUNTY Kent	MARYLAND	STATEMaryland COUNTY Kent			
CITY (If outside corporete limits, write RURAL OR end give neerest town)	LENGTH OF STAY (In this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR			
X TOWN Rock Hall	10 Yrs.		ck Hall	×	
HOSPITAL OR		STREET	(If rural give foce	tion)	
or STREET ADDRESS Piney Neck		ADDRESS Pin	ey Neck		
	Middle)	(Lest)	4. DATE (Month)	(Dey) (Yeer)	
DECEASED		TIM	OF	21 EE	
	DREW LINDGR	EIV	DEATH Dec.	17	
S. SEX 6. GOLOR OR 7. SINGLE, MARRII WIDOWED, DIV	D, 8. DATE O	71		NDER 1 YEAR IF UNDER 24 HRS.	
W (Spacify) 1. al	rried July	22,1891	64 yrs. Mon	ths Deys Hours Min.	
10e. USUAL OCCUPATION (Give kind of work 10b. KIN	D OF BUSINESS	11. BIRTHPLACE (Steta or forei	gn country)	12. CITIZEN OF WHAT	
A* 10 -	Industry Saintance	New York Ci	tw N Y	COUNTRY?	
13. FATHER'S NAME	18 III Valice	14. MOTHER'S MAIDEN		1 0. 0. 11.	
Carl Lindgren	CO CIAL CEGILINEY NO	4			
a. I have a second of the seco	SOCIAL SECURITY NO.	17. INFORMANT &		ח ו דר סוד	
210	77-05-2161	Mrs. Annı	e C.Lindgrer	, Rock Hall M	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	18. MEDICAL CER	TIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
1 DISEASES ON CONSTITUTIONS DIRECTLY ELABATED TO DEATH	Barouss	. 11		ONSET AND DEATH	
- IMMEDIATE CAUSE (A)	January	home	uns		
ANTECEDENT CAUSE(S) DUE TO	L. Tural	(U, 201)	24840.1		
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE	permitta	car ago	accuss		
STATING UNDERLYING CAUSE LAST. DUE TO					
(C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING					
TO THE DEATH BUT NOT RELATED TO THE				19 10 10 10 10 10 10 10 10 10 10 10 10 10	
DISEASE OR CONDITION CAUSING DEATH.  19a. DATE OF OPERATION   19b. MAJOR FINDINGS	Of ORFRIGION				
178. DATE OF OPERATION 176. MAJOR PINDINGS	OF OPERATION			20. AUTOPSY? YES NO	
21e. ACCIDENT WAS UNDERLYING   21b. PLACE (Home	, ferm, factory,   2	Ic. WHERE DID INJURY OCCU	R? (City or town)	(County) (State)	
OR CONTRIBUTING CAUSE OF DEATH OF INJURY straet,	ffice bldg., etc.)		(60) 60 (600)	(5.5.5)	
21d. TIME OF INJURY (Month) (Day) (Yaar) (Hour) 21e.	INJURY OCCURRED 1	III. HOW DID INJURY OCCU	R?		
M, et w	e Not while ork				
22. I hereby certify that I attended the deceased from ATC 2					
alive on. 19. 19. 19. and that death occurred at					
SIGNATURE ABDRESS (Street, city, lown, stele) DATE SIGNED					
Mysour reach.	M. D.	AOTA 1	HU.	12-26-05	
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, lown, or county) (State)					
Burial Dec. 26,55	Wesley Cha	apel Cemeter	7 Rock Hall	l, Maryland	
24. REC'D BY REGISTRAR   REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S	Y	ADDRESS	
20/57 \ a, (	118	Marvun V. W.	illiams, Che	estertown, Md.	
DATE LUGSS SI WOTE	0 100001202				

MARY LAND STATE DISARTMENT OF HEALTH-BARTMORE, 13

# IZONS CERTIFICATE OF DEATH

certificate be

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# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

#### 12066 CERTIFICATE OF DEATH

11 1 111101 01	DEATH		2. USUAL RESIDE	NCE (HOME) OF DECEA	SED
COUNTY	Kent	MARYLAND	STATE Mary	land county	Kent
OR and giv	de corporete limits, write RURAL e nearest town)	LENGTH OF STAY (in this place)	CITY (If outside corp	orate limits, write RURAL and give	
TOWN	Rock Hall	5yrs.		ck Hall	
HOSPITAL OR INSTITUTION OF STREET ADDRESS			STREET ADDRESS	(If rurel give loce	ion)
3. NAME OF DECEASED	(First)	(Middle)	(Lest)	4. DATE (Month)	(Day) (Ye
(Type or Print)	Ida	May	Meigs	DEATH Dec	27 195
	RACE   WIDO'	WED DIVORCED	OF BIRTH	9. AGE lest birthdey   IF U	NDER 1 YEAR IF UNDER
Fem.	White   (Specif	Married Dec	• 19-1877	78 yrs.	1 12. CITIZEN OF WH
dona during m	ost of working life, even if lousewife	OR INDUSTRY	the state of the s		12. CITIZEN OF WH
13. FATHER'S NAM			I IIInc		USA
	Frederick Ho	lah			
IS. WAS DECEASE	DEVER IN U. S. ARMED FORCES?		Elizabeth	Nest ADDRESS	
ANTEC	EDIATE CAUSE (A) CEDENT CAUSE(S) DUE TO DIDITIONS, US ANY, (B)		sons dis	ease	20 90
STATING UNDERLY	HE ABOVE CAUSE ING CAUSE LAST. DUE TO				
	ANT CONDITIONS CONTRIBUTING UT NOT RELATED TO THE				
TO THE DEATH B		INDINGS OF OPERATION			20. AUTOP
TO THE DEATH B	ATION 196. MAJOR F	THE STATE OF THE PARTY OF THE P			YES NO
TO THE DEATH BE DISEASE OR CON 190. DATE OF OPER 21a. ACCIDENT W/OR CONTRIBUTING [	AS UNDERLYING   216. PLA	CE (Home, ferm, fectory, Y streat, office bldg., atc.)	21c. WHERE DID INJURY OCCU	JR? (City or town)	County) (State
TO THE DEATH BE DISEASE OR CON 19e. DATE OF OPER 21a. ACCIDENT W/	AS UNDERLYING 21b. PLAI CAUSE OF DEATH AEDICAL EXAMINER)	CE (Home, ferm, factory, Y streat, office bldg., atc.)  IT 21e. INJURY OCCURRED While Not while	21c. WHERE DID INJURY OCCU		

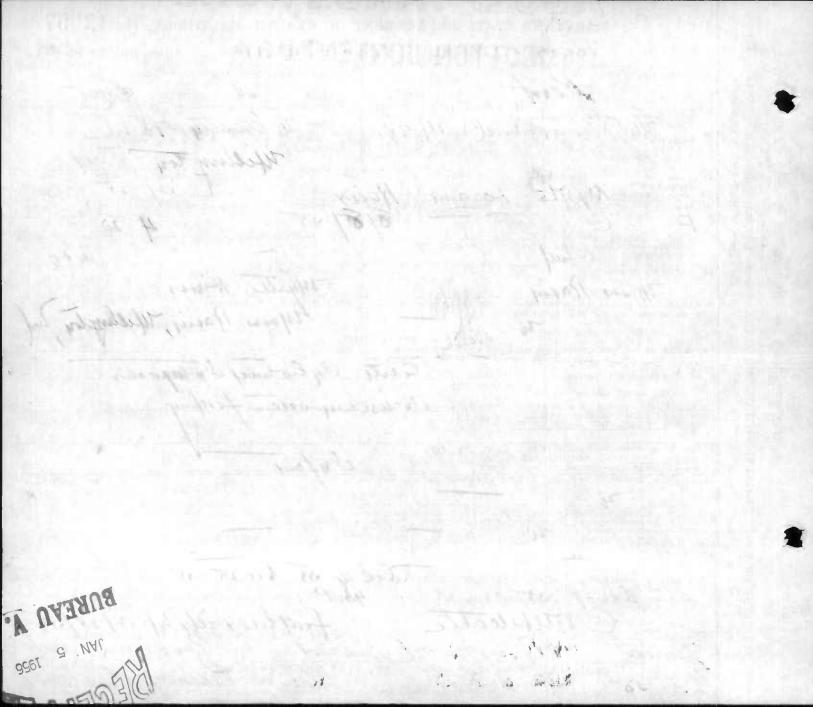
# CERTIFICATE OF DEATH

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#### 12068 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12,05 Sist.

## MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 201

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Kent MARYLAND	STATEPa. COUNTY	ai la Cole		
CITY (If outside corporate limits, write RURAL   LENGTH OF STAY	CITY (If outside corporate limits write RURAL and	give nearest town)		
OR and give nearest town) (in this place)  TOWN Highway-Turner Creek cross road	TOWN Philadelphia 7	5 X V		
HOSPITAL OR	STREET (If rural, give location)			
INSTITUTION OR STREET ADDRESS near Chestertown. Md.	ADDRESS Pa. Institute home for B	N brill		
3. NAME OF (First) (Middle)	(Last)   4. DATE (Month) (Day)			
DECEASED: Mary E. R	lebok OF DEATH Dec. 22	19 55		
5. SEX:   6. COLOR OR   7. SINGLE, MARRIED,   8. DATE	OF BIRTH: 9. AGE iast birthday: IF UNDER 1 Y			
		ys   Hours   Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of work life, INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT		
even if retired): blind music	Pennsylvania U	COUNTRY?		
I3. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:			
William A. Rebok	Rozanna Zinn			
(Yes no or unk) (If Yes give war or dates of !	17. INFORMANT & ADDRESS:			
service) none	mily Records	Date of		
	AL CERTIFICATION	INTERVAL BETWEEN		
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:		ONSET AND DEATH		
Immediate cause (a) Multiple, severe	e injuries i	nstantan-		
		eously		
Antecedent cause(s)  Diseases or conditions, if any, giving rise to the above cause  DUE TO numerous bi-la fract  Comminuted fract  DUE TO fractured pelvi	ure of lumbar spine.			
Diseases or conditions, if any, (0) TO Tractured pelvi	s. multiple Bractures of			
stating underlying cause last (c) both legs.	,			
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				
19a. DATE OF OPERATION:   19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY?		
none		Yes 🗆 No 💢		
21a. EXTERNAL CAUSE WAS   21b. PLACE (Home, farm, factory, PRIMARY   or CONTRIBUTING   OF street, office bldg., etc.,		(State)		
CAUSE OF DEATH. INJURY highway	21f. HOW DID INJURY OCCUR?			
OF While at Not while				
injury 12.22.55 6.15 M. work at work a				
22. I hereby certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and find that death resulted from: Natural causes , Accident XX Suicide , Homicide , Undetermined cause .				
CHIEF MEDICAL EXAMINER O DATE SIGNED				
Les View Robert W. Farr,	M. D. ASSISTANT MEDICAL EXAM.	12/23/55		
23. BURIAL, CREMATION,   DATE THEREOF   NAME OF CEMETERY OR CREMATORY   LOCATION (City, town, or county) (State)				
REMOVAL (Specify): Dec. 26/55 Prospect Ce		wmship.Pa.		
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS		
REG. 124/55 Exernaidores	Harvin V. Williams, Chester	town, Md.		

BUREAU V. S.

DEC 88 1955

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12057 CERTIFICATE OF DEATH Reg. Dist. No. 2020

	•	OBMITTION OF	DEFAIT Reg. Dist	. No
	legibly.	I. PLACE OF DEATH:   2. USU	JAL RESIDENCE (HOME) OF DECEASE	D:
0.00	and legibly	COUNTY ROLL MARYLAND STA	TE M. D COUNTY DUCK	ch Anne
100	le	CITY (If outside corporate limits, write RURAL, LENGTH OF STAY CITY	Yilf outside corporate limits, write RURAL	and give nearest town)
1	and	OR and give negrest town) (in this place) OR TOWN	un CentreDalle	- 17x - 2
2	ly s	HOSPITAL OR STR		
	ear	institution or kenty Julen Anne Hosp ADD	DRESS	1/
	item of information of death clearly and	3. NAME OF (First) (Middle) (Last)	4. DATE (Month)	Day) (Year)
	ofath	DECEASED: (Type or Print Doleh 2	MC DEATH: 12 C	24 1955
	de	5. SEX:  6. COLOR OR  7. SINGLE, MARRIED.   8. DATE OF BIRT	TH: 9. AGE last birthday IF UNDER 1	YEAR IF UNDER 24 HRS.
		Emale Co   WIDOWED, DIVORCED. (Specify): Single   /2//	yrs. Months	Days Hours Min.
	causes		THPLACE (State or foreign country):  12.	CITIZEN OF WHAT
57		even if retired):	arvland	COUNTRY
\E .	the the	13. FATHER'S NAME: 14. MO	THER'S MAIDEN NAME:	
FOR BINDIN		Treston Mhyane	BUCE Scott	
2	. E		FORMANT & ADDRESS:	
10		(Yes, no, or unk.) (If Yes, give war or dates of service)	s Jame. The	pane.
		18. MEDICAL CERTIFICATION	00	INTERVAL BETWEEN
A	ADING s: plea	DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
RESERVED	AD IS:	IMMEDIATE CAUSE (A) ASOLUM 4 ASY	giretion - SHOCK	45 mm
SS	TH UNFA Physicians	ANTECEDENT CAUSE (S)		- 1
	ysic	DISEASES OR CONDITIONS, IF ANY. (B) PARLEMENTED		3 WKs.
Z	WITH it. Phy	STATING UNDERLYING CAUSE LAST.		
MARGIN	W.		eautitis	
MA	AINLY, Wimportant.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISFASE OR CONDITION CAUSING DEATH.  WAVE LO		
	N Od	DISEASE OR CONDITION CAUSING DEATH.	no pare	
	PLAINLY lly import	134. BATE OF GERATION		YES NO
	PL	21A. ACCIDENT WAS UNDERLYING   21B. PLACE (Home, farm, factory, 21c.	WHERE DID (City or town) (Cour	
	VRITE PI especially	OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJU	URY OCCUR?	(Dusce)
	WRITE	21D. TIME (Month) (Day) (Year) (Hour)   21E INJURY OCCURRED   21F. 1	HOW DID INJURY OCCUR?	
	200	OF INJURY  M. While Not while at work		
	0 0	22. I hereby certify that I attended the deceased from 19.	5, to /2/24, 1955, that I las	t saw the deceased
63	स्य क	alive on 12/24, 1966, and that death occurred at 1.46 P	M. from the causes and on the date	stated above.
-	TYPE rect a	SIGNATURE	ADDRESS Chartertone Wio, DA	TE SIGNED
- 1(	-	Shomes tolon M.D. 22		124/5 8
70	AS	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR C	REMATORY LOCATION (City, town, o	r county) (State)
A1	LEASE	12/28/55'5 cott Now 12	m. Wye mill	s mar
ń	Z .	DATE REC'D BY LOCAL REGISTRAR'S STENATURE	UNERAL DIRECTOR	ADDRESS
_		Dec. 213-51 Icara ni Balnes gas	nes 13 Harull la	non ma



BUREAU V. S.